

CLIENT CONTACT

OMB No. 0938-0850

Client Identifiers - To Be Used To Lookup Clients With More Than One Contact and Link All Such Contacts Together											
Client Identifier Used by Your Agency or State											
Client Identifier Auto-Assigned by NPR - Optional											
Client Name and Contact Information - Optional											
Client First Name						Representative First Name					
Client Last Name						Representative Last Name					
Client Phone Number			(_ _) - _ _ _ - _ _ _ _								
Client ZIP Code and County Code											
ZIP Code of Client Residence											
County of Client Residence - Optional											
Counselor and Agency											
Counselor Name											
Agency Name											
County of Counselor Location											
ZIP Code of Counselor Location											
Date of Contact				/				/			
First vs Continuing Contact											
		First Contact for Issue									
		Continuing Contacts for Issue									
Method of Contact											
		Phone Call									
		Face to Face at Counseling Location or Event Site									
		Face to Face at Client's Home or Facility									
		E-Mail									
		Postal Mail or Fax									
Client Age Group											
		64 or Younger									
		65-74									
		75-84									
		85 or Older									
		Not Collected									
Client Gender											
		Female									
		Male									
		Not Collected									
Client Race-Ethnicity - Check all that Apply											
		Hispanic, Latino, or Spanish Origin									
		White, Non-Hispanic									
		Black, African American									
		American Indian or Alaska Native									
		Asian Indian									
		Chinese									
		Filipino									
		Japanese									
		Korean									
		Vietnamese									
		Native Hawaiian									
		Guamanian or Chamorro									
		Samoan									
		Other Asian									
		Other Pacific Islander									
		Some Other Race-Ethnicity									
		Not Collected									
Client Primary Language Other Than English											
		Primary Language Other Than English									
		English is Client's Primary Language									
		Not Collected									
Client Monthly Income											
		Below 150% FPL									
		At or Above 150% FPL									
		Not Collected									
Client Assets											
		Below LIS Asset Limits									
		Above LIS Asset Limits									
		Not Collected									
Receiving or Applying for Social Security Disability or Medicare Disability											
		Yes									
		No									
		Not Collected									
How Did Client Learn About SHIP											
		Previous Contact									
		CMS / Medicare									
		Presentations									
		Mailings									
		Another Agency									
		Friend or Relative									
		Media									
		State Website									
		Other									
		Not Collected									
Dual Eligible with Mental Illness / Mental Disability											
		Yes									
		No									
		Not Collected									

PRESCRIPTION DRUG ASSISTANCE**Medicare Prescription Drug Coverage (Part D)**

<input type="checkbox"/>	Eligibility/Screening
<input type="checkbox"/>	Benefit Explanation
<input type="checkbox"/>	Plans Comparison
<input type="checkbox"/>	Plan Enrollment/Disenrollment
<input type="checkbox"/>	Claims/Billing
<input type="checkbox"/>	Appeals/Grievances
<input type="checkbox"/>	Fraud and Abuse
<input type="checkbox"/>	Marketing/Sales Complaints or Issues
<input type="checkbox"/>	Quality of Care
<input type="checkbox"/>	Plan Non-Renewal

Part D Low Income Subsidy (LIS/Extra Help)

<input type="checkbox"/>	Eligibility/Screening
<input type="checkbox"/>	Benefit Explanation
<input type="checkbox"/>	Application Assistance
<input type="checkbox"/>	Claims/Billing
<input type="checkbox"/>	Appeals/Grievances

Other Prescription Assistance

<input type="checkbox"/>	Union/Employer Plan
<input type="checkbox"/>	Military Drug Benefits
<input type="checkbox"/>	Manufacturer Programs
<input type="checkbox"/>	State Pharmaceutical Assistance Programs
<input type="checkbox"/>	Other _____

MEDICARE (Parts A & B)

<input type="checkbox"/>	Eligibility
<input type="checkbox"/>	Benefit Explanation
<input type="checkbox"/>	Claims/Billing
<input type="checkbox"/>	Appeals/Grievances
<input type="checkbox"/>	Fraud and Abuse
<input type="checkbox"/>	Quality of Care

MEDICARE ADVANTAGE (HMO, POS, PPO, PFFS, SNP, MSA, Cost)

<input type="checkbox"/>	Eligibility/Screening
<input type="checkbox"/>	Benefit Explanation
<input type="checkbox"/>	Plans Comparison
<input type="checkbox"/>	Plan Enrollment/Disenrollment
<input type="checkbox"/>	Claims/Billing
<input type="checkbox"/>	Appeals/Grievances
<input type="checkbox"/>	Fraud and Abuse
<input type="checkbox"/>	Marketing/Sales Complaints or Issues
<input type="checkbox"/>	Quality of Care
<input type="checkbox"/>	Plan Non-Renewal

MEDICARE SUPPLEMENT/SELECT

<input type="checkbox"/>	Eligibility/Screening
<input type="checkbox"/>	Benefit Explanation
<input type="checkbox"/>	Plans Comparison
<input type="checkbox"/>	Claims/Billing
<input type="checkbox"/>	Appeals/Grievances
<input type="checkbox"/>	Fraud and Abuse
<input type="checkbox"/>	Marketing/Sales Complaints or Issues
<input type="checkbox"/>	Quality of Care
<input type="checkbox"/>	Plan Non-Renewal

MEDICAID

<input type="checkbox"/>	Medicare Savings Programs (MSP) Screening (QMB, SLMB, QI)
<input type="checkbox"/>	MSP Application Assistance
<input type="checkbox"/>	Medicaid (SSI, Nursing Home, MEPD, Elderly Waiver) Screening
<input type="checkbox"/>	Medicaid Application Assistance
<input type="checkbox"/>	Medicaid/QMB Claims
<input type="checkbox"/>	Fraud and Abuse

OTHER

<input type="checkbox"/>	Long Term Care (LTC) Insurance
<input type="checkbox"/>	LTC Partnership
<input type="checkbox"/>	LTC Other
<input type="checkbox"/>	Military Health Benefits
<input type="checkbox"/>	Employer/Federal Employee Health Benefits (FEHB)
<input type="checkbox"/>	COBRA
<input type="checkbox"/>	Other Health Insurance
<input type="checkbox"/>	Other _____

Total Time Spent on This Contact Date

<input type="text"/>	Hours	<input type="text"/>	Minutes
----------------------	-------	----------------------	---------

Comments

--

Status

<input type="checkbox"/>	General Information and Referral
<input type="checkbox"/>	Detailed Assistance - In Progress
<input type="checkbox"/>	Detailed Assistance - Fully Completed
<input type="checkbox"/>	Problem Solving / Problem Resolution - In Progress
<input type="checkbox"/>	Problem Solving / Problem Resolution - Fully Completed

Nationwide and CMS Special Use Fields (Circle only one)

01	1 - MIPPA LIS	2 - MIPPA MSP	3 - MIPPA LIS & MSP
----	---------------	---------------	---------------------

State and Local Special Use Fields

01	02	03	04	05	06	07	08	09	10
----	----	----	----	----	----	----	----	----	----